



Inpatient and Outpatient Hospitals: Procedures for correcting “PAID” claims when billing on the UB-92 claim form

All changes made to claims that have appeared on a remittance advice as “PAID” must be done through the adjustment process. The adjustment process must be followed regardless of the service date.

Adjustment Procedure

- Prepare a new, corrected claim form (**Outpatient:** show a single line of service per form); (**Inpatient:** submit the entire claim)
- Enter an A in box #37 on line A of the UB-92 claim form
- Enter the total charge for the claim
- DO NOT subtract the previous MassHealth payment from your Total Charge, and do not enter it in item #54 (the system will calculate the balance due)
- Enter the transaction control number (TCN) from the most recently “PAID” claim following the A in box #37 (the TCN is obtained from the remittance advice showing the claim as “PAID” or the “CRADJ” line of a previous adjustment)
- Attach all applicable documentation (if the original claim required it, you must send it again with the adjustment)
- Submit the claim to MassHealth, Attention: Adjustments, PO Box 9118, Hingham, MA 02043

Remember: If you have submitted an adjustment that was “DENIED” ignore that TCN; you must use the TCN from the original payment, if a paid “CRADJ” TCN is not available.

NOTE: Box #2 must be left blank, if you make an entry use “white-out,” do not use a marker to delete an entry in this field.

Exceptions

You cannot follow these procedures if you are making a change to:

- The member ID number
- The pay-to provider number
- The invoice type

In these situations, you must request a void of the original payment, then rebill the corrected claim. Consult your billing instructions for more information.